


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L02000002189</b><br>1. Entity Name<br><b>WILL RAMSEY DEVELOPMENT COMPANY LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>5263 GOLDEN GATE PKWY<br/>UNIT D<br/>NAPLES, FL 34116</b> | Mailing Address<br><b>5263 GOLDEN GATE PKWY<br/>UNIT D<br/>NAPLES, FL 34116</b> |
|---|---|



03072004 No Chg-LLC

CR2E083 (10/03)

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|   |  |
|---|--|
| 4. FEI Number<br><b>80-0033272</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**SCHWEIKHARDT, WILLIAM  
900 SIXTH AVE. SOUTH, STE. 203  
NAPLES, FL 34102**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000125718  
04/23/04-80006-001 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>RAMSEY, WILLIAM S<br>3332 WHITE BLVD<br>NAPLES, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>RAMSEY, GEORGE F<br>85 WEDDINGTON BRANCH RD<br>PIKEVILLE, KY |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Will Ramsey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/21/04*  
Date

Daytime Phone #